LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

2 ° () Lobbyjsi's Registration Number

FOR OFFICE USE ONLY Postmark Date: 12-1410-5

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- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all solivities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

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|----|------------------------------|---|-------------------------|--------------------|---|------------------------|
| I. | NAME PATTERSE | DI DICKIE | ω | MI | | |
| 2. | BUSINESS PHONE_ | 2 <u>25 - 567 - 9582</u> | | | | |
| 3. | BUSINESS ADDRESS | Street and No. | Hammand City | ∠A State | 7 <u>04</u> 0 | |
| | MAILING ADDRESS_ | Spreet and No. | City | State | Zip | |
| 4. | EMPLOYER SE | <u> </u> | | | | |
| 5. | EMPLOYER'S ADDRES | Street and No. | City | State | Zip | |
| 6. | Have you ceased or terms | inated all lobbying activities require | ing registration? Yes | No | <u>,</u> | |
| 7. | person, group, or organi | s of persons, groups, or organization ization listed; (c) the type of busine of the client or someone else pays y | 96 each is eugaged in : | of the purpose | or function of the organ | ach such sization c |
| | l. Name | -M/A | | | · . <u> </u> | |
| | Address | | | | - · · · · · · · · · · · · · · · · · · · | 17 6923 |
| | Business or purpose | c | | | 팀 | .77 47 |
| | ☐ New Represe | ntation s this person way you? | | | in i | ·: |

If No, who pays you?

Terminated Representation as of _____





| 2. | NameN_A |
|----|--|
| | Address |
| | Business or purpose |
| | New Representation Does this person pay you? |
| | If No, who pays you? |
| | Terminated Representation as of |
| 3, | NameNA |
| | Address |
| | Husiness or purpose |
| | New Representation Does this person pay you? |
| | If No, who pays you? |
| | Terminated Representation as of |

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist